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10026852 PMID: 8144128

The association of myasthenia **gravis and** connective tissue diseases **--the role of Sjogren's syndrome.**

Yasuda M; Nobunaga M

Department of Clinical Immunology, Kyushu University, Oita.

Fukuoka igaku zasshi = Hukuoka acta medica (JAPAN) Feb 1994, 85 (2) p38-51, ISSN 0016-254X Journal Code: 9423321

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: Completed

Subfile: INDEX MEDICUS

The symptoms of **myasthenia** gravis (MG) reflect the loss of neuromuscular transmission due to the functional loss of the acetylcholine receptor. We **reviewed** the reported association of MG and **connective tissue diseases** including rheumatoid arthritis, systemic lupus erythematosus, progressive systemic sclerosis (PSS), polymyositis and dermatomyositis, mixed **connective tissue disease** (MCTD) and Sjogren's syndrome (SjS). We found that the association of MG and MCTD or PSS is rare. We also **reviewed** the role of D-penicillamine, thymus abnormalities and the coexistence of SjS as one of the underlying pathological conditions for the association of MG and various **connective tissue diseases** . (85 Refs.)

Tags: Human

Descriptors: ***Connectiv** e **Tissue Diseases** --complications--CO; ***Myasthenia** Gravis--complications--CO; *Sjogren's Syndrome--complications --CO; **Connective Tissue Diseases** --physiopathology--PP; **Myasthenia** Gravis--physiopathology--PP; Sjogren's Syndrome--physiopathology--PP

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4878461 PMID: 308806

Gastrointestinal systemic sclerosis in serologic mixed connective tissue disease.

Norman D A; Fleischmann R M

Arthritis and rheumatism (UNITED STATES) Sep-Oct 1978, 21 (7) p811-9
, ISSN 0004-3591 Journal Code: 0370605
Document type: Case Reports; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: Completed
Subfile: AIM; INDEX MEDICUS

Mixed **connective tissue disease** is a clinical entity **defined** by overlapping features of progressive systemic sclerosis, systemic lupus erythematosus, polymyositis, rheumatoid arthritis, and distinct serologic findings. Esophageal dilatation and dysmotility have been the only gastrointestinal manifestations reported. Three patients with serologic findings of mixed connective tissue disease and extensive gastrointestinal involvement compatible with the changes found in progressive systemic sclerosis are presented. Gastrointestinal manifestations of progressive systemic sclerosis are reviewed and were found to be indistinguishable from the findings in these patients.

Tags: Female; Human; Male
Descriptors: *Gastrointestinal Diseases--complications--CO; *Mixed Connective Tissue Disease--complications--CO; *Scleroderma, Systemic --complications--CO; Adult; Antibodies, Antinuclear--analysis--AN; Gastrointestinal Diseases--radiography--RA; Middle Aged; Mixed Connective Tissue Disease--immunology--IM; Scleroderma, Systemic--immunology--IM; Scleroderma, Systemic--radiography--RA
CAS Registry No.: 0 (Antibodies, Antinuclear)
Record Date Created: 19781202
Record Date Completed: 19781202

chemokine. Increase in the stability of contacts may result in change in cell polarization.

PYK2 deficiency impairs rho activation and causes cytoskeletal changes

Cell morphological change such as contraction of lamellipodia or formation of contact require vigorous changes in cytoskeleton. Numerous studies have indicated that members of the rho family of GTPases play an important role in modulating the

Medical Encyclopedia

Other encyclopedia topics: A-Ag Ah-Ap Aq-Az B-Bk Bl-Bz C-Cg Ch-Co Cp-Cz D-Di Dj-Dz E-Ep Eq-Ez F G H-Hf Hg-Hz I-In Io-Iz J K L-Ln Lo-Lz M-Mf Mg-Mz N O P-Pl Pm-Pz Q R S-Sh Si-Sp Sq-Sz T-Tn To-Tz U V W X Y Z 0-9

Psoriasis

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Contents of this page:

Illustrations

Psoriasis on the knuckles

Alternative names *Return to top*

Plaque psoriasis

Definition *Return to top*

Psoriasis is a common skin inflammation (irritation and swelling) characterized by frequent episodes of redness, itching, and thick, dry, silvery scales on the skin.

Causes, incidence, and risk factors *Return to top*

Psoriasis is a very common condition, with approximately 3 million Americans affected. It can appear suddenly or gradually. In many cases, psoriasis goes away and then flares up again repeatedly over time. The disorder may affect people of any age, but it most commonly begins between ages 15 and 35.

Psoriasis seems to be an inherited disorder, probably related to an inflammatory response in which the immune

system accidentally targets the body's own cells. Evidence of the condition is most commonly seen on the trunk, elbows, knees, scalp, skin folds, or fingernails, but it may affect any or all parts of the skin.

Normally, it takes about a month for new skin cells to move up from the lower layers to the surface. In psoriasis, this process takes only a few days, resulting in a build-up of dead skin cells and formation of thick scales.

Psoriasis may be aggravated by injury or irritation (such as cuts, burns, rashes, insect bites). It may be severe in immunosuppressed people (like those with AIDS or undergoing chemotherapy for cancer), or those who have other autoimmune disorders (such as rheumatoid arthritis).

Medications, viral or bacterial infections, excessive alcohol consumption, obesity, lack of sunlight, sunburn, stress, general poor health, cold climate, and frequent friction on the skin are also associated with psoriasis flare-ups. The condition is not contagious.

Symptoms *Return to top*

- Skin patches
  - Dry or red
  - Usually covered with silvery scales
  - Raised patches of skin
  - Accompanied by red borders
  - May crack and become painful
  - Usually discrete, demarcated patches
  - Usually located on the elbows, knees, trunk, scalp, hands or nails
- Skin lesions, including pustules, cracking of skin, skin redness or inflammation
- Itching
- Small scaling dots on the skin (especially in children)
- Joint pain or aching, which may be associated with a special type of arthritis (psoriatic arthritis)

Additional symptoms that may be associated with this disease:

- Nail abnormalities
- Genital lesions in males
- Eye burning, itching, and discharge
- Increased tearing

Signs and tests *Return to top*

The diagnosis is usually based on the appearance of the skin.

- A skin biopsy, or scraping and culture of skin patches, may be needed to rule out other disorders.
- An x-ray may be used to check for psoriatic arthritis if joint pain is present and persistent.

Treatment *Return to top*

Treatment is focused on control of the symptoms and prevention of secondary infections. It varies with the extent and severity of the disorder. Severe or resistant cases may require intensive treatment.

Psoriasis lesions that cover all or most of the body are an emergency symptom that require hospitalization. The disorder may be acutely painful. The body loses vast quantities of fluid and is susceptible to severe secondary infections that can become systemic, involve internal organs and even progress to septic shock and death. Treatment includes analgesics, sedation, intravenous fluids, and antibiotics.

Mild cases are usually treated at home. Topical medications include:

- Prescription or nonprescription dandruff shampoos
- Shampoos or lotions that contain coal tar
- Cortisone or other corticosteroids
- Lubricants
- Antifungal medications
- Antibiotics
- Phenol
- Sodium chloride
- Other ingredients

Oral or injected immunosuppressive medications (such as corticosteroids or methotrexate) may be prescribed, but only in very severe cases. Other medications may include retinoids or cyclosporine.

Other treatments may include moderate exposure to sunlight or phototherapy. The skin is sensitized by the application of coal tar ointment or by taking oral psoralens (a medication that causes the skin to become sensitive to light). The person is then exposed to ultraviolet light. Avoid sunburn, which can worsen the condition.

For patients with severe disease, a newer option is treatment with medicines such as etanercept (Enbrel) that target the cause of psoriasis on a cellular level. These medications are very expensive, however, and like all medications they may have side effects. Etanercept is approved by the FDA for the treatment of psoriatic arthritis as well as psoriasis.

Psoriatic arthritis, which occurs in a very small percentage of patients with psoriasis, may be treated with non-steroidal analgesics in much the same way as normal arthritis.

Maintain good general health to reduce the risk of flare-ups. Obtain adequate rest and exercise, eat a well-balanced diet and avoid stress (see stress management). Treat respiratory and other infections promptly.

Maintain good skin hygiene to prevent secondary infections. Daily baths or showers are recommended. Avoid harsh scrubbing, which can irritate the skin and cause new outbreaks.

Oatmeal baths may be soothing and may help to loosen scales. Commercial preparations may be used, or mix one cup of oatmeal into a tub of warm water.

Support Groups *Return to top*

If having psoriasis is causing significant stress, consider joining a psoriasis support group with members who share common experiences and problems.

Expectations (prognosis) *Return to top*

Psoriasis is a chronic, lifelong condition that can be controlled with treatment. It usually does not adversely affect general health, unless it is neglected or occurs in the elderly or very young.

Complications *Return to top*

- Complications that result from the treatment itself
- Secondary skin infections which spread to internal organs

Calling your health care provider *Return to top*

Call for an appointment with your health care provider if symptoms indicate psoriasis. Call for an appointment if psoriasis recurs frequently despite treatment.

Go to the emergency room or call the local emergency number (such as 911) if there is a severe outbreak which

covers all or most of the body.

Also, seek medical attention if pustules, fever, muscle aches, fatigue or other new or unexplained symptoms develop.

Prevention *Return to top*

No form of prevention is known. Keep flare-ups to a minimum by avoiding anything that aggravates your psoriasis.

Update Date: 7/2/2004

Updated by: Jonathan Kantor, M.D., Department of Dermatology, University of Pennsylvania Medical Center, Philadelphia, PA. Review provided by VeriMed Healthcare Network.

Connective tissue: A material made up of fibers forming a framework and support structure for body tissues and and organs. Connective tissue surrounds many organs. Cartilage and bone are specialized forms of connective tissue. All connective tissue is derived from mesoderm, the middle germ cell layer in the embryo.

connective tissue

<pathology> Rather general term for mesodermally derived tissue that may be more or less specialised. Cartilage and bone are specialised connective tissue, as is blood, but the term is probably better reserved for the less specialised tissue that is rich in extracellular matrix (collagen, proteoglycan etc.) and that surrounds other more highly ordered tissues and organs.

(18 Nov 1997)

Previous: connecting stalk, connecting tubule, connectins, connection, connective
Next: connective tissue activating peptide III, connective tissue cell

connective tissue

the supporting or framework tissue of the animal body, formed of fibrous and ground substance with more or less numerous cells of various kinds; it is derived from the mesenchyme, and this in turn from the mesoderm; the varieties of connective tissue are: areolar or loose; adipose; dense, regular or irregular, white fibrous; elastic; mucous; and lymphoid tissue; cartilage; and bone; the blood and lymph may be regarded as connective tissues the ground substance of which is a liquid. Syn: tela conjunctiva, interstitial tissue

Prev

1: FASEB J. 1992 Nov;6(14):3275-82. Related Ar

Tyrphostins: tyrosine kinase blockers as novel antiproliferative agents and dissectors of sign transduction.

Levitzki A.

Department of Biological Chemistry, Alexander Silberm of Life Sciences, Hebrew University of Jerusalem, Isra

Protein tyrosine kinases (PTKs) are members of a growin oncoproteins and protooncoproteins that play a pivotal r and abnormal proliferative processes. This hallmark iden unique proteins as potential targets for antiproliferativ This review discusses the current status of PTK inhibito special emphasis on tyrphostins as antiproliferative age potential drugs for cancers, leukemias, psoriasis, and re well as other proliferative conditions. The development tyrphostins as selective signal blockers can be viewed a toward the development of "smart" cocktails as antipro agents. Each of these custom-made cocktails will be aim proliferative conditions whose transduction pathways ca characterized by molecular tools. The review also discus

of PTK blockers as tools to study signal transduction pr
which protein tyrosine kinases are implicated.

Publication Types:

- Review
- Review, Tutorial

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The International Journal of Biochemistry & Cell Biology
Volume 30, Issue 9 , September 1998, Pages 955-959

doi:10.1016/S1357-2725(98)00062-4 Cite or Link Using DOI

Molecules in focus Paxillin

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Department of Anatomy and Cell Biology, SUNY Health Science Center, 750 East Adams Street, Syracuse, NY 13210, USA

Received 4 March 1998; accepted 14 May 1998. Available online 27 October 1998.

Abstract

Paxillin is a 68 kDa cytoplasmic protein that localizes to discrete sites of cell attachment to the extracellular matrix called focal adhesions. It is a multi-domain adapter protein capable of interacting with several structural and signaling proteins including vinculin, FAK, PYK2, Src and Crk. Phosphorylation of paxillin in response to integrin-mediated cell adhesion and growth factor stimulation regulates some of these interactions. Thus, paxillin functions as a scaffold for the recruitment of molecules into a signal transduction complex that is closely apposed to the plasma membrane. This is likely to facilitate the efficient processing of external stimuli that modulate important cellular events including cell adhesion, cell motility and growth control. Since paxillin interacts with several proteins known to cause cell transformation, the binding sites for these proteins on paxillin represent potential targets for therapeutic agents.

Index Terms: paxillin

Article Outline

1: Science. 1995 Mar 24;267(5205):1782-8. Related Ar

Tyrosine kinase inhibition: an approach to dru development.

Levitzki A, Gazit A.

Department of Biological Chemistry, Alexander Silberm of Life Sciences, Hebrew University of Jerusalem, Isra

Protein tyrosine kinases (PTKs) regulate cell proliferatio differentiation, and signaling processes in the cells of t system. Uncontrolled signaling from receptor tyrosine k intracellular tyrosine kinases can lead to inflammatory r to diseases such as cancer, atherosclerosis, and psorias inhibitors that block the activity of tyrosine kinases and signaling pathways they activate may provide a useful ba development. This article summarizes recent progress in development of PTK inhibitors and demonstrates their p in the treatment of disease.

Publication Types:
- Review

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